

United States District Court

ex-Name
(Rodas) pro-se
NORTHERN DISTRICT OF OHIO

2016 JUL 15 PM 1:01

Annette Cordelia
Martinez-Hernandez Plaintiff

v.

APPLICATION TO PROCEED WITHOUT
PREPAYMENT OF FEES AND AFFIDAVIT

Cleveland Clinic Hospital Defendant(s) &
Doctors Earl Kalfis Doctor Johnson Lee

CASE NUMBER:

JUDGE: 1 16 CV 1808

I, Annette C. Martinez-Hernandez swear or affirm under penalty of perjury that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

JUDGE GAUGHAN

in the above-named proceeding, that I am unable to pay the costs of these proceedings, and that I believe I am entitled to the relief sought in the complaint/petition/motion. I further swear or affirm under penalty of perjury under United States laws that my answers on this form and any attachments are true and correct.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name and the question number.

NOTE: You should be prepared to provide the Court with copies of documents that support or verify all of your answers to the questions in this application. A PRISONER seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional office showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, attach one certified statement of each account. (Prisoner Financial Application available at <http://www.ohnd.uscourts.gov/home/pro-se-information/>)

Signed: Annette Cordelia Martinez-Hernandez Date: _____

Print your Name: Annette Cordelia Martinez-Hernandez (Rodas) ex-name

1. State the address of your legal residence. (If incarcerated, state the place of incarceration and prisoner ID number.)

1701 Salem Road Apt. E - #6 Burlington New Jersey 08016

Your daytime phone number: 609-845-7256

2. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate. Use gross amounts, that is the amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	<u>disabled</u> \$ none	<u>deported</u> \$	\$	\$
Self-employment	\$ none	\$	\$	\$
Income from real property (such as rental income)	\$ none	\$	\$	\$
Interest and dividends	\$ none	\$	\$	\$
Gifts or inheritance	\$ none	\$	\$	\$
Alimony	\$ none	\$	\$	\$
Child support	\$ none	\$	\$	\$
Retirement (such as social security, SSI, pensions, annuities, insurance)	\$ 764.00	\$	\$ same	\$

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Disability (such as Social Security, SSI insurance payments)	\$ 764.00	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Public assistance (such as welfare)	\$ NONE	\$	\$	\$
Other (specify) only help T.R.A. Rental assist	\$	\$	\$	\$
Total Monthly Income	\$0 764.00	\$0	\$0	\$0

3. Are you currently employed? ☐ Yes ☒ NoIs your spouse currently employed? ☐ Yes ☒ No

deported
Back to
San Pedro
Sula
Honduras

If incarcerated: Are you currently employed by jail/prison/correctional facility? ☐ Yes ☒ NoDo you receive payment from the jail/prison/correctional facility? ☐ Yes ☒ No

4. List your employment history, current or, if you are not currently employed, most recent employer first. (Gross monthly pay is calculated before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay	Tem Service
Plastic Pak in Jackson Center		July 2010	\$ 8 ? an hour	Through
Holloway Sports			\$	
Holiday Inn	Sidney Ohio	Aug 29 2012	\$ 1,500 2 impends	100 mon

5. List your spouse's employment history, current or, if your spouse is not currently employed, most recent employer first. (Gross monthly pay is calculated before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
Fresh Way	Stoll Ave Sidney Ohio		\$
			\$
Max's Company in his Country		11 - 2011 - or 12	\$ 5, in his money Linpras. Honduras money

6. How much cash do you and your spouse have? \$ NONE

Below, state any money you or your spouse have in checking or savings accounts or in any other financial institution. NO

If incarcerated, also include your prisoner accounts.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
Direct express	SSI	\$ 0	\$ nothing he and I do not talk
		\$	\$
		\$	\$

7. List the assets, and their values, that you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Asset	Description	Value
a. Home NONE		\$
b. Real Estate NONE		\$
c. Motor Vehicle	Make and Year: Model: Registration #: NONE	\$
d. Motor Vehicle	Make and Year: Model: Registration #:	\$
e. Other Assets (for example, stocks, bonds, securities or other financial instruments) NONE		\$
f. Other Assets My husband owes J. Morgan money		\$

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8. State every person, business or organization owing you or your spouse money, and the amount owed.

Who owes you or your spouse money?	Amount owed to you	Amount owed to your spouse
a. <i>nothing</i>	\$	\$
b. <i>none</i>	\$	\$
c.	\$	\$
d.	\$	\$

9. State the persons who rely on you or your spouse for support.

Name (Initials Only for Minor Children)	Relationship	Age	Amount Contributed Monthly for His/Her Support
a. <i>Dorrisa Dee Bowers</i>	<i>Daughter</i>	<i>39</i>	<i>\$ none</i>
b. <i>Donald Demack Thornton Jr.</i>	<i>Son</i>	<i>37</i>	<i>\$ none</i>
c.			\$
d.			\$

10. Estimate your average monthly expenses. Show separately the amounts paid by your spouse. Adjust any amount that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Expense	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ <i>None apartment</i>	\$ <i>None lives in a run down home in Honduras like a shack he drives for max</i>
Utilities (electricity, heating fuel, water, sewer, telephone) <i>rent apart, under TRM \$159.00 was paying</i>	\$ <i>wrong price to rent apart \$229.00 almost 2 year</i>	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing <i>no money to buy</i>	\$ <i>0</i>	\$
Laundry and dry cleaning	\$	\$
Medical and dental expenses	\$ <i>medicaid</i>	\$
Transportation (not including motor vehicle payments)	\$ <i>through medical transportation</i>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>None</i>	\$
Total Monthly Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renters: Life: <i>(circled)</i> Health: Motor Vehicle: Other:	\$ <i>0</i> \$ <i>Just applied on Life insurance only 2,000</i> \$ <i>For policy Mass mutual</i> \$ <i>11.80 a month</i>	\$ <i>0</i> \$ \$ \$ \$ \$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <i>None that I know</i>	\$

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Installment payments		
Motor Vehicle:	\$	\$
Credit Card(s) (name):	\$	\$
Department Store(s) (name):	\$	\$
Other: <u>NONE</u>	\$	\$
Alimony, maintenance, and support paid to others <u>NONE</u>	\$	\$
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
TOTAL MONTHLY EXPENSES:	\$0 <u>764.00</u>	\$0

11. Do you expect any major changes to your or your spouse's monthly income or expenses, or in your or your spouse's assets or liabilities during the next 12 months?

☐ Yes ☒ No I am divorcing him in time, He was good man, He drove me to the Cleveland Clinic prior my surgery

12. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$

If yes, state the attorney's name, address and telephone number:

I have tried to find attorney while in Honduras after seeing a doctor by the name Dr. Ali Cerrato a Neurosurgeon

13. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or typist) any money for services with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ no money welfare

If yes, state the person's name, address and telephone number:

I need to let my story how I found out about this. Findings of this place No I do not have any money and I did call the Bar Association to help me. And other Attorneys but some I have a case But do not want to take a chance But I need a chance

14. Provide any other information that will help explain why you cannot, or cannot without undue hardship, pay the fees or costs for this case.

While in Honduras after I found out what the Doctors have done to my neck. I have called so many Attorneys and I have a list of them. They told me that I have a case. But when the U.S. had the Government shut down I was trying to get back and I did try finding Attorneys at my friend in San Pedro Sula Honduras calling Center I did contact Johnny Cochran Law Firm while in Honduras Gloria call Center I will find my list of all attorneys I became homeless. Due to some of my Husband family not accept me because I am black. A few of his family member accepted me. By me not able to get Back after I found out the

The Doctors at the Cleveland Clinic lefted me in the shape that can leave me with perm damage. I will bring proof of every thing. The worst of this the docton hidden this matter as many times when I did asked Dr. Jain Kalfis why he refused to tell me the truth what both doctors had lefted me in the state that I am in now. And last year I had a stutter problem for a week. And the par med came and got me and took me to Virtua Memorial Hospital in Mount Holly New Jersey and it showed that this plate not only pressing onto the discs and nerves the sarew is dangling onto my root end of the nerve and last year June 5 2015 I found out the plate is pressing onto the blood vessels and pressing onto arteries. I was under the care of Dr. Manyank Mathura. He has this information and I am seeing about getting this information. I am getting very sick, I want to show the court on how many people are aware of this matter, Department of Health State of Ohio Dr. Ali Cerrato showed me from word to word about my x rays that I had done at Demideco. I will give you the edvenice and that knows I have a problem and refused to fixed the problems of doctons Negligence Goof up!